

Revision: HCFA-PM-94-9 (MB)
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ATTACHMENT 3.1-A
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State: Maine

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

/ / Provided /X/ Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

/X/ Provided: /X/ State approved (not physician) service plan allowed
 - /X/ Services outside the home also allowed

/X/ Limitations described on attachment

/ / Not Provided

TN No. 95-005
Supersedes
TN No. - -

Approval Date 7/6/95

Effective Date 4/1/95

OFFICIAL

STATE: MAINE

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

26. Personal care services are provided only to individuals who are able to self direct a personal care attendant and who have chronic or permanent physical disabilities.

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